

DECLARATION AND POWER OF ATTORNEY

Docket No. X-16410

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

TREATMENT OF PERVASIVE DEVELOPMENTAL DISORDERS WITH NOREPINEPHRINE REUPTAKE INHIBITORS

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 25 August 2004 as United States
Application Serial No.

or

PCT International Application No. PCT/US2004/025593
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/498,146
(Application Number)

27 August 2003
(Filing Date)

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor

: Albert John ALLEN

Inventor's Signature

: Albert John Allen Date: Dec. 16, 2004

Residence Address

: 5201 McHenry Lane
Indianapolis, Indiana 46228
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: United States of America

Full Name of Second

Joint Inventor, if Any: Douglas Kenneth KELSEY

Inventor's Signature:

: D. K. Kelsey MD Date 03/22/05

Residence Address

: 4906 Willow Ridge Court
Zionsville, Indiana 46077
United States of America

Post Office Address

: SAME AS ABOVE

Citizenship

: United States of America